POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		WO	10/02/9
FORMALITY REVIEW	ab	535	10-17-01
RESPONSE FORMALITY REVIEW	BZ	897	02-11-02

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Final	Original	Claim	Date								
		1									
		2									
		3									
		4									
		5									
		6									
		7									
		8									
		9									
		10									
		11									
		12									
		13									
		14									
		15									
		16									
		17									
		18									
		19									
		20									
		21									
		22									
		23									
		24									
		25									
		26									
		27									
		28									
		29									
		30									
		31									
		32									
		33									
		34									
		35									
		36									
		37									
		38									
		39									
		40									
		41									
		42									
		43									
		44									
		45									
		46									
		47									
		48									
		49									
		50									

Final	Original	Claim	Date								
		51									
		52									
		53									
		54									
		55									
		56									
		57									
		58									
		59									
		60									
		61									
		62									
		63									
		64								/	
		65									
		66									
		67									
		68									
		69									
		70									
		71									
		72									
		73									
		74									
		75									
		76									
		77									
		78									
		79									
		80									
		81									
		82									
		83									
		84									
		85									
		86									
		87									
		88									
		89									
		90									
		91									
		92									
		93									
		94									
		95									
		96									
		97									
		98									
		99									
		100									

Final	Original	Claim	Date								
		101									
		102									
		103									
		104									
		105									
		106									
		107									
		108									
		109									
		110									
		111									
		112									
		113									
		114									
		115									
		116									
		117									
		118									
		119									
		120									
		121									
		122									
		123									
		124									
		125									
		126									
		127									
		128									
		129									
		130									
		131									
		132									
		133									
		134									
		135									
		136									
		137									
		138									
		139									
		140									
		141									
		142									
		143									
		144									
		145									
		146									
		147									
		148									
		149									
		150									

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY